CLAIMS ONLY

Application Number	Filing Date
10/623443	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1								51						
2								52						
3								53						
4								54						
5								55						
6	1							56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21	1							71						
22		1						72						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								200						
Total Indep	3							Total Indep						
Total Depend	45							Total Depend						
Total Claims	48							Total Claims						

CLAIMS ONLY

Application Number	Filing Date
10/623 443	

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep						
Total Depend						
Total Claims						

* May be used for additional claims or amendments

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
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57							
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99							
100							
Total Indep							
Total Depend							
Total Claims							